

### Wichita Transit Student Bus Pass Acknowledgement

I am the parent or guardian of a student attending school in USD 259. I acknowledge that the bus pass I am purchasing will allow my student unlimited rides on Wichita Transit buses during ordinary operating hours, but only for the dates during which the stated validity of the pass indicates. I understand that Wichita Transit provides general public transportation not limited to school children, and its drivers have no special training addressing the needs of students. Neither Wichita Transit nor USD 259 are the agent of the other. I agree that neither of these entities has any liability for injury or other harm to my student while my student is on the property of the other, but each is responsible for its own negligence to the extent of the law. I also agree that neither of these entities will be responsible for tracking where students board and un-board buses. Identifying appropriate available bus stop locations will be left to the discretion of students/parents. No refunds or exchanges of this pass are allowed, nor are partial or shared passes available. Replacement IDs are available for purchase.

Student bus riders are expected to maintain the same standards of conduct on the City bus as they are to practice in traditional school buses. These conduct standards are:

**C**onversation      Voice Level 1 or 2 – Whisper or quiet conversation (Level 0 at railroad tracks).

**H**elp                Ask bus driver for help.

**A**ctivity            Be a respectful rider in your words and actions.

**M**ovement        Stay seated in chosen seat until your stop unless otherwise directed.

**P**articipation      Know your stops at school and coming home. Pull the cord 1 block early.

**S**uccess in school      Safety for all riders - Exit and enter safely using handrails, walk, feet on floor, face forward, keep body parts and objects inside the bus.

I understand that this pass can be revoked and my student can be refused further Wichita Transit service if he or she violates the CHAMPS standards or engages in dangerous activities.

\_\_\_\_\_  
Parent or Guardian’s name – printed

\_\_\_\_\_  
Student’s name – printed

\_\_\_\_\_  
Parent or Guardian’s signature

\_\_\_\_\_  
Date

Contact Phone Number	School	Student Birth Date